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Childhood neglect – the Northern Ireland experience

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Childhood Neglect – The Northern Ireland Experience

Introduction

Northern Ireland is the smallest part of the United Kingdom, and most recent addition following the partition of Ireland. And yet, over the past fifty years, Northern Ireland has experienced greater social and political changes than any other part of the United Kingdom. During the conflict, from 1968 to the signing of the Good Friday Agreement in 1998, more than 3600 individuals died as a result of the political unrest in Northern Ireland, with many tens of thousands of children and adults physically and psychologically scarred by the experiences they endured (Eames and Bradley, 2009). As such it might seem that matters relating to the welfare of children might attract less attention from the public, politicians and professionals than might otherwise be the case in the other parts of the United Kingdom. Thankfully this has not been so, and children's issues have remained a central concern within civil society and political circles, while the issue of children's protection from abuse and neglect has remained at the forefront of public and professional concerns. In this article the authors will outline how the system for promoting the welfare of children, and addressing the issue of neglect, has evolved over recent years. In particular we will discuss some of the recent major events that have shaped the child welfare landscape and the reforms that have been developed and implemented following the devolution of political powers to Northern Ireland in 1998, and the publication in 2006 of a major review into the operation of the child protection system. In doing so the article will draw out some of the commonalities and divergences between the approach to child welfare and the tackling of neglect in Northern Ireland compared to

other parts of the United Kingdom outlined in this special issue, and the key lessons that have been learnt.

The scale of neglect in Northern Ireland

Northern Ireland is a relatively young country, containing a population of 1.8 million people, and the largest proportion of children (25%) in the four countries making up the United Kingdom (Office for National Statistics, 2016). The Northern Ireland Act 1998 devolved a range of legislative functions from the Westminster Parliament to the Northern Ireland Assembly. While the Northern Ireland Assembly has fewer powers than the Government in Scotland, its powers are greater than the Assembly in Wales.

Similar to the other contributions in this special issue, the challenge of understanding and responding to child neglect appear to be reflective of a range of interrelated issues, such as the difficulties that tend to be associated with defining, measuring, substantiating, and prioritising attention to this form of childhood maltreatment (McSherry, 2011).

In the most comprehensive prevalence survey to date of childhood maltreatment in the United Kingdom, Radford *et al.* (2011) reported that neglect was found to be the most prevalent type of maltreatment in the family for all age groups. 5 per cent of under 11 year olds, 13.3 per cent of 11–17 year olds and 16 per cent 18–24 year olds had been neglected at some point in their childhoods. When severe neglect was considered, parents reported that this was experienced by 3.7 per cent of under 11 year olds, while young people self-reported severe neglect at 9.8 per cent of 11–17 year olds and 9 per cent of 18–24 year olds.

One sub-set of neglected children are those who are referred to children's social care. During the year ending 31 March 2015, 38,418 children were referred to Health and Social Care Trusts in Northern Ireland (a rate of 886 per 10,000 children). Health and Social Care Trusts are statutory bodies with similar social care responsibilities to local authorities in the rest of the United Kingdom for the support and protection of children. Of course not all these children are referred due to concerns for their welfare, just as not all children experiencing neglect are referred. However, during the same year 4,054 child protection referrals were received, and at 31 March 2015, 1,969 children were subject to a child protection plan in Northern Ireland (45.5 children per 10,000 child population), with neglect either by itself or in combination with another form of maltreatment being the reason for the need for the plan in 50 per cent of cases (Department of Health, Social Services and Public Safety, 2015).

The face of child poverty

As noted by Bywaters *et al.* (2016) there is a strong association between families' socio-economic circumstances and the chances that their children will experience child maltreatment. Evidence of such an association has been found repeatedly across developed countries, types of abuse, definitions, measures and research approaches, and in different child protection systems (McSherry, 2007; Dubowitz, 2007). Poverty in itself does not cause childhood maltreatment, but it does place added stress on families, and may be a symptom of other issues, such as a parent's inability to work due to substance misuse, or, more significantly, to have the financial means to purchase or arrange their own systems of support. As such, looking at

children's socio-economic circumstances is an important consideration in trying to both understand and address children's need for support and protection.

The Child Poverty Act of 2010 represents a significant milestone in government policy on child poverty. Not only does the Act set a number of targets to 'eradicate' child poverty by 2020, but it established a framework of policy strategies and reporting covering both the UK Government alongside the devolved administrations (Tomlinson *et al.*, 2014). Based on the four measures of income and deprivation as set out in the Child Poverty Act of 2010, Northern Ireland ranks as the poorest region in the United Kingdom, with the greatest proportion of children in poverty. Nearly a quarter of Northern Ireland's children (24 per cent or 106,000) are living in low income households and are deprived of four or more items that a majority of the population regard as basic necessities. The child poverty rate is lowest for the youngest children and highest for 11-15 year olds. In terms of family type, child poverty is highest for lone parent families (at 52 per cent), and lowest for couples with two children (at 10 per cent) (Tomlinson *et al.*, 2014). It was also found that those who had a 'high experience' of the conflict were significantly more deprived than those with no conflict experience, and that a fifth of all children were living with an adult/s who had 'high experience' of conflict. Tomlinson *et al.* (2014) found that deprivation rates for those adults with no experience of the conflict were below 20 per cent, which compares to a rate of 35 per cent for those with high experience. Respondents in their study who reported they had lived in poverty in the past were 1.3 times as likely to have high or moderate conflict experience than those who never lived in poverty (controlling for age, gender, religion and household type).

In addition, Byrne (2014) states that children who have a disability and children who live in a household with a disabled parent or sibling are most likely to experience

poverty. The extent of child poverty for this group is masked as disability benefits are treated as income in the measurement of poverty. Once disability benefits are removed from the calculation of income, the child poverty rate increases by 4 per cent, with the disparity greater in Northern Ireland than the rest of the United Kingdom, due largely to higher levels of disability. In a circular pattern of cause and effect, experience of the Northern Ireland conflict is closely related to longstanding illness and disability, to mental ill-health and low life satisfaction, and therefore deprivation (Byrne, 2014).

The enduring impact of conflict

A defining feature of life in Northern Ireland over the past half century has been the effect and enduring legacy of political conflict. While today's children were born into a peace settlement, many are still touched by the lingering and pernicious legacy of the conflict. Many parts of Northern Ireland have benefitted socially and economically from the peace process. However, the most deprived areas, which were also the areas most affected by the conflict, are still mired in poverty, and associated problems such as high levels of unemployment, poor physical and mental health and anti-social and criminal activity. There is clear evidence that the impact of violent conflict has had a differential impact on individuals, with significant differences between those experiencing little or no conflict, and those with 'high' levels of experiences (Tomlinson, 2016).

This obviously has implications for the children growing up in such areas, who must deal with the twin burdens of being economically and socially deprived, alongside being scarred by the legacy of the conflict. Cummings and colleagues (2010) in one

of the few studies to explore the impact on parenting of the political conflict, highlighted the link between sectarian violence and a range of poor outcomes for 700 children living in eighteen working class, socially deprived areas of Belfast.

The children in such areas have poorer educational attainment (Burns *et al.* 2015; Goeke-Morey *et al.*, 2013) and health outcomes (British Medical Association, 2013; McCann *et al.* 2015). In addition, while few of the children have been directly exposed to the trauma associated with conflict, many are living with parents still dealing with the trauma they experienced. For example, Turkington *et al.* (2015) found a clear association between first presentation with psychosis and self-reported traumatisation in the conflict in Northern Ireland, while O'Connor and O'Neill (2015) have identified an association between an increased risk of suicide in middle aged men from the areas most affected by the conflict. These enduring mental health impacts of the conflict obviously have implications for the parenting capacity of many adults, although the literature on such is surprisingly sparse.

Policy Context

The enactment of The Children (Northern Ireland) Order 1995 in November 1996 was hailed "...as one of the most significant pieces of social legislation of the 20th century" in Northern Ireland (Department of Health, Social Services and Public Safety, 2003, p.13). Modelled on The Children Act 1989, and reflecting many of the principles underpinning the United Nations Convention on the Rights of the Child, the Order sought to strike a better balance between supporting parents to enact their parental responsibilities, along with greater judicial oversight of social workers'

powers whenever parents were felt to be unable or unwilling to fulfil their responsibilities towards their children.

The new legislation strengthened the position of child care authorities by "...imposing a duty to investigate whether to take action to safeguard a child rather than solely to bring a child before a court if they were in need of care, protection or control", and the strengthening of the duty to provide personal social services to children in need, and their families (Department of Health, Social Services and Public Safety, 2003, p.168). These duties were underpinned by a framework for planning children's services on an inter-agency basis in order to develop more universal and preventative services to support children and their families (McTernan and Godfrey, 2006).

Recently, the passing of the Children's Services Co-operation Act (Northern Ireland) 2015 has strengthened the imperative for children's agencies to work together, and for the Northern Ireland Executive to develop and publish an over-arching strategy for children, with the high level aim of improving the well-being of all children.

The Northern Ireland Assembly recognised that part of the political settlement required a focus on the needs and opportunities for children. As such, in 2006 a ten year strategy for children and young people was published, drawing, in part, on the Every Child Matters agenda in England (H.M. Treasury, 2003). The foreword stated that the Northern Ireland Executive wanted:

"...the gap in outcomes between those who do the best and those who do the worst to narrow. This will mean the provision of high quality universal services, supported by more targeted responses for children and young people who fare worst. We want to see significant improvements in their health and in education outcomes. We want

them to acquire a thirst for lifelong learning. We want them to be safe and feel safe, free from poverty, living in decent homes, in communities that are free from distress and in environments that are welcoming.”

Office of the First Minister and Deputy First Minister (2006, p.ii)

The Strategy was given expression through six high level outcomes, underpinned by a series of core values, at the heart of which is a commitment to a ‘whole child’ approach, recognising that no two children are the same, and the nature of many children’s lives is often complex. The strategy’s outcomes focused on children and young people being:

- Healthy;
- Enjoying, learning and achieving;
- Living in safety and with stability;
- Experiencing economic and environmental well-being;
- Contributing positively to community and society; and,
- Living in a society which respect their rights.

In relation to children living in safety and with stability, a number of Government strategies and policies recognise the potential for children’s life chances to be impacted by their experience of being neglected due to their parent’s inability or unwillingness to meet or prioritise their children’s needs. In addition to policies on domestic and sexual violence, substance misuse and the impact of parental mental ill health on children, the recently updated and reissued Co-operating to Safeguard Children and Young People (Department of Health, 2016) is the policy framework for safeguarding and protecting children. This has recently expanded the definition of neglect to include single acts of omission, moving away from the focus on ‘persistent’

failure to provide for a child's basic needs. It will be important to monitor the impact of this change in definition on children and how their needs are identified and responded to.

The neglect of neglect?

As noted above there is both a legislative and policy basis for public bodies to focus on the needs of children, and in particular those children most in need of the support of the State. However, over the last decade there have been a number of reports that have highlighted the mismatch between the legislative and policy intent, and the delivery of services. In 2006 the Department of Health, Social Services and Public Safety published a highly critical report based on an inspection of child protection services in Northern Ireland. The inspection revealed inconsistency in structures, roles, systems and processes and approaches. It was also critical of the quality of management of some children's services and identified poor assessment practice, a lack of critical review of cases, poor risk management and poor recording practices (Department of Health, Social Services and Public Safety, 2006).

There was wide acceptance of the recommendations and a recognition of the need for change to fully realise the benefits for the safeguarding children of the integrated health and social care system in Northern Ireland. It was also acknowledged that there was a real opportunity to achieve coherence in approaches due to the size of Northern Ireland and the existing close working relationships between agencies (Devaney *et al.*, 2010).

The inspection report made seventy-seven recommendations. It was hoped that these would:

- improve arrangements for safeguarding children;
- increase public awareness and confidence in this important area;
- enhance professional practice, multi-disciplinary and inter-agency working and service provision; and,
- inform policy development with regard to safeguarding children and young people.

As a consequence of the findings of the child protection inspection the Minister for Health and Social Services endorsed the commencement of a reform programme led by the establishment of a Reform Implementation Team. The Team was designed to take forward the implementation of the recommendations of the child protection inspection and the associated developments required to improve services to children. This included bringing forward a Safeguarding Board for Northern Ireland to replace the four existing Area Child Protection Committees, supported by Local Safeguarding Panels within each of the five new Trusts.

The vision statement for the work of the Reform Implementation Team was:

‘To create children’s services that are acknowledged as being high quality, accessible, well managed and appropriately meeting need with a focus on improving outcomes for children’.

(Devaney *et al.*, 2010, p.46)

One of the key drivers behind subsequent developments in Northern Ireland has been an increased awareness of the multiplicity of needs of some children, and the impact of childhood adversity in both the immediate and longer term (Davidson *et al.*, 2010). Epidemiological approaches have highlighted the impact of adversity in childhood across the lifecourse. As McGavock and Spratt (2014, p.658) note,

“widening the field of enquiry beyond traditional boundaries of child maltreatment analysis has invigorated research into the phenomenon of multiple service use and those individuals and families considered most at risk of experiencing poor outcomes”. Drawing upon the findings from the Adverse Childhood Study (ACE) (Anda *et al.*, 2010) there is a broader conceptualisation of the range of evidence based adversities that contribute to children’s increased risk of experiencing poor adult outcomes. This includes not only the experience of direct and indirect maltreatment, such as experiencing sexual abuse or witnessing domestic violence, but also a recognition of the impact of living in adverse circumstances, such as in poverty, with an adult family member in prison or with the after effects of parental separation (Felitti *et al.*, 1998).

Locally this has been given added weight by a series of studies that have sought to better understand the needs of particular groups of children and young people. For example, in a review of a group of children who had died through suicide and accidental death from risk taking behaviours, the authors highlighted that regrettably death by suicide in adolescence is a common enough occurrence for a substantial body of research literature to have been compiled. This points to the need to locate suicide as being part of a range of behaviours linked by the emotional sequelae of the experiences of adversity in childhood and associated trauma (Devaney *et al.* 2012). The latest findings from the ACE study offer something of an empirical counterweight to this examination of death in childhood, pointing to the larger numbers of individuals dying prematurely in adulthood. Brown and colleagues have observed that ‘People with six or more ACEs died nearly 20 years earlier [mean: 60.6 years] on average than those without ACEs [mean: 79.1 years]’. They further argue that ‘Studies that examine only one or two types of stressors may

underestimate the burden of exposure; fail to recognise the interrelationships among different types of traumatic stressors during childhood (see Dong et al., 2004); and/or incorrectly attribute long term consequences to single types of childhood traumatic stress despite convincing evidence suggesting that exposure to multiple forms of abuse and traumatic stressors appears to influence health behaviours and outcomes through a cumulative process' (Brown *et al.*, 2009, pp. 389 and 395).

Illustrating this point a report exploring the potential benefits of early intervention on diverting some young people from the youth justice system in Northern Ireland, the Criminal Justice Inspectorate (2012, p.v) found that:

'A snap-shot study on the backgrounds of young people detained in the Woodlands Juvenile Justice Centre in November 2011 shows over a third were 'looked-after' or voluntary accommodated children within the care system; 82 per cent were identified as coming from a single parent family and 34 per cent had experienced domestic violence in the home environment. In relation to educational attainment, 38 per cent of the sample had a statement of learning needs whilst 14 per cent had a recognised learning disability; 80 per cent of the sample had issues relating to school exclusion or absconding from school. The vast majority of young people (92 per cent) had misused drugs or alcohol, while 32 per cent had self-harmed.'

New approaches

A range of new approaches to identifying and meeting the needs of children at risk of neglect have been developed and implemented over the past three years in Northern Ireland. These have sought to reduce the likelihood of some children ever experiencing neglect, while for other approaches, the focus has been on trying to

resolve issues more effectively and within a timeframe that fits with children's developmental needs, thus limiting the longer term impact of neglect.

Early Intervention

In Northern Ireland early intervention has been defined as:

“...intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems; Early intervention may occur at any point in a child's life.”

Children and Young People's Strategic Partnership (2014, p.11)

The intention is to ensure that the needs of vulnerable groups are addressed not just by a direct focus on their presenting needs, but also through developing an early intervention infrastructure that would enable support at a much earlier point in order to prevent the circumstances of families deteriorating to the point where they become 'children in need'. This is reflected in the focus on universal provision such as Sure Start, the trialling of Family Nurse Partnerships, and the increase in the number of parenting programmes.

In addition though it is also recognised that early intervention can be at any point in the life of a child, or a family, and as such other complementary developments have taken place.

Family Support Hubs

In Northern Ireland there has been a steady year-on-year increase in the numbers of children being referred to children's social care services, up by 12 per cent from 34,447 in the year to 31st March 2011 to 38,418 in the year to 31st March 2015 (Department of Health, Social Services and Public Safety, 2015). At the same time there has been a decrease in the funding available to children's social care (NSPCC, 2014), which was already been funded at a lower level to comparable services in England. This has led to the development of Family Support Hubs. These are collectives of services in 29 local areas, covering every household in Northern Ireland, that brings together local statutory, voluntary and community organisations. Families can self-refer or be referred in order to access local services. The greatest number of requests for assistance relate to parents experiencing difficulties with their child's emotional or behavioural issues in primary school aged children; financial support; and emotional or behavioural issues in post-primary school aged children. Between April 2014 and March 2015 2,635 families were referred to the Hubs, with 93% either being provided with a service or signposted to a suitable service locally (Children and Young People's Strategic Partnership, 2015).

The hubs are informed by a set of key operating principles, core to the effective management of such services:

- a range of services is available, targeted at different levels of need, within a framework of prevention
- services have clear objectives and a management and organisational culture of learning and development
- the service has a culture of learning and development
- the service measure outcomes

- the service has adequate resources to meet its objectives and offers value for money
- the service has a commitment to effective partnership practice
- services provide good staff development and support

(Canavan, Pinkerton and Dolan, 2016, pp. 63-4)

Early Intervention Transformation Project

The families with the greatest needs are often known to many services, but the criticism is that services often operate in isolation of each other, and the co-ordination of efforts to support the family are often piecemeal (Devaney *et al.*, 2012). Recognising this, six government departments established the Early Intervention Transformation Programme aimed at improving outcomes for children and young people across Northern Ireland through embedding early intervention principles in both existing and new approaches in supporting children in need. Each department contributed funding to a central budget, which was matched by Atlantic Philanthropies, a private philanthropic body committed to providing effective support to children and young people to be healthy, to do well in school and to have bright futures. Alongside developing new approaches to early intervention, the Early Intervention Transformation Programme also seeks to transform mainstream services to children and families in order to deliver a long term legacy of improvement through four workstreams. Workstream 1 aims to equip all parents with the skills needed to give their child the best start in life, focusing on parents of new babies, parents of toddlers and parents of school age children. Workstream 2 aims to support families when problems arise but before they need statutory involvement,

delivering a range of practical and therapeutic supports to families. Workstream 3 aims to positively address the impact of adversity on children, focusing specifically on children at risk of coming into State care, or already in care. The final Workstream is designed to support the development of knowledge and skills in the workforce working with children and their families in early years, education, health, social care and criminal justice.

Early Authoritative Intervention

While the focus on meeting the needs of children and their families at an early stage is embedded in both policy and practice, there is also a recognition that some children may be living with high levels of instability and risk in their lives. Child welfare workers have in the past been criticised for both intervening too late, after children have experienced significant harm through neglect or abuse, and intervening too early, before parents have had adequate time to address and assuage the concerns of professionals (Pinkerton and Devaney, 2009). Recent reviews into child sexual exploitation (Pinkerton *et al.*, 2015), adolescent suicide (Devaney *et al.*, 2012) and child deaths (Devaney *et al.*, 2013) have highlighted how, in some cases, professionals persevered for too long in trying to support parents to improve their parenting and care of their children, in spite of little evidence of children benefitting from this support, and in the longer term suffering from the persistent neglect they were subject to.

As a response to this issue there is a renewed focus on strength based approaches to practice, such as the implementation of Safety in Partnership, a variation of Signs of Safety (Hayes *et al.*, 2014), married with a call to improve the timeliness of

decision making in respect of permanency for children. While this holds out the twin promise of supporting practitioners to better balance the needs of parents and children, it is also important to heed the caution expressed by Featherstone and colleagues (2014) that meeting the needs of children and parents is, at its heart, as much about philosophical orientations to the relationship between the State, the child and the family, as it is about policy and procedural fixes.

Learning to date

Some of the initiatives above are currently subject to evaluations to assess their impact in improving outcomes for children. However, there is also some overarching learning to be gained about the approach taken. A key factor in recent developments in Northern Ireland has been the imperative from the Northern Ireland Executive to collaborate between tiers of government, and to require organisations and disciplines working across statutory and non-statutory sectors to work together. This has not been without its challenges, yet there have been notable successes, such as the pooling of budgets through the Early Intervention Transformation Programme that has provided a greater catalyst for collaboration.

Similarly, the rapid expansion of the Family Support Hub model has been welcomed by many local communities, and provided a greater recognition of the role that community and voluntary organisations can play in meeting the needs of local families in responsive and flexible ways.

In going forward it will be important to assess whether these innovative approaches reduce the numbers of children who would otherwise start to experience neglect without such services and early help, alongside assessing whether children already

experiencing neglect are better identified and supported, and helped to achieve better outcomes.

Conclusion

In many ways Northern Ireland is very similar to the other parts of the United Kingdom in how we understand and respond to the issue of childhood neglect. There is an improved understanding of the long term impact of neglect on children's physical, social and psychological well-being, and a renewed interest in identifying approaches that will address neglect at both an individual and family level. However, in Northern Ireland there is also an increasing appreciation that neglect must also be addressed at a community level, and, that as a society emerging from conflict, some of the responses may need to be tailored to the particularities of this place and time. In doing so future generations of children may be spared the experience of neglect, and lead more enjoyable, fulfilled and productive lives.

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